

Substitute for form 1449/PTO				<i>Complete if Known</i>	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT				Application Number	10/540,306
<i>(Use as many sheets as necessary)</i>				Filing Date	June 20, 2005
				First Named Inventor	O'Rourke, Michael
				Art Unit	3774
				Examiner Name	SCHILLINGER, ANN M
Sheet	1	of	1	Attorney Docket Number	084329-000000US

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code ² (<i>if known</i>)			

FOREIGN PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Country Code ³ Number ⁴ Kind Code ⁵ (<i>if known</i>)			
	1	SU 566567	07-30-1977	KI MED I [SU]; INST CHIMII VYSOKOMOLEKULYAR NY [SU]	English Abstract Only
					<input type="checkbox"/>

NON PATENT LITERATURE DOCUMENTS					
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.			T ²
	2	Supplementary Partial European Search Report of European Application No. 03767299, dated February 27, 2009, 3 pages total.			<input type="checkbox"/>

Examiner Signature	/Ann Schillinger/	Date Considered	06/05/2009
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¹EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

²Applicant's unique citation designation number (optional). ³Applicant is to place a check mark here if English language Translation is attached.